

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | A-S | 943 | 4-16-1 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| 37 | ✓ |
| 38 | ✓✓ |
| 39 | ✓✓ |
| 40 | ✓✓ |
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| 42 | ✓✓ |
| 43 | ✓✓ |
| 44 | ✓✓ |
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| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here